



REQUEST FOR MODIFICATION: Training Provider
INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT

Grantee Information

Grant Number: _____ Requested Date for Change: _____

Grantee Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Current Training Provider

Name: _____

Address: _____

City, State, Zip: _____

Contact: _____

New or Additional Training Provider

Name: _____

Address: _____

City, State, Zip: _____

Contact: _____

Reasons for Change

Send To:

ATTN: Market Development
Indiana Department of Workforce Development
10 N. Senate Avenue, SE205
Indianapolis, IN 46204-2277

For Any Inquires Contact:

Brett Wineinger
Email: Bwineinger@dwd.in.gov
Phone: 317-233-5514
Fax: 317-232-1821

Applicant Authorization:

Name

Title

Signature

Date

Internal Use Only

Approved by: _____

Date: _____